

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SEIU COPE (Service Employees International Union Committee On Political Education)

ADDRESS (number and street)

1800 Massachusetts Ave NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00004036

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael P. Fishman

Signature of Treasurer

Michael P. Fishman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SEIU COPE (Service Employees International Union Committee On Political Education)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		19299499.28
(b) Cash on Hand at Beginning of Reporting Period.....	19299499.28	
(c) Total Receipts (from Line 19)	1290662.59	1290662.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20590161.87	20590161.87
7. Total Disbursements (from Line 31)	1324724.18	1324724.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19265437.69	19265437.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	381899.46	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SEIU COPE (Service Employees International Union Committee On Political Education)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

427.00

427.00

(ii) Unitemized

1269043.37

1269043.37

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1269470.37

1269470.37

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1269470.37

1269470.37

12. Transfers From Affiliated/Other

Party Committees.....

21159.68

21159.68

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

32.54

32.54

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1290662.59

1290662.59

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1290662.59

1290662.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1010956.32	1010956.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1010956.32	1010956.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditures (use Schedule E)	9085.26	9085.26
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	287682.60	287682.60
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1324724.18	1324724.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1324724.18	1324724.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1269470.37	1269470.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1269470.37	1269470.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1010956.32	1010956.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1010956.32	1010956.32

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

The disbursement on Schedule B, line 21b, to the SEIU General Fund was made to reimburse the committee's connected organization for political program support grants to SEIU state councils and local unions. These grants will not be used for any federal candidate or committee contributions. It should also be noted that for all independent expenditures that are disclosed as memo entries on Schedule E, Line 24, the committee is using the obligation date and not the payment date to report these transactions as they have not been paid. These independent expenditures have also been disclosed as debt on Schedule D.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Mary Kay Henry

Mailing Address 4007 Connecticut Ave NW
 #414

City State Zip Code
 Washington DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEIU

Occupation

International President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : C7071405

Amount of Each Receipt this Period

202.00

* Payroll Deduction: \$101.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Valery Rey-Alzaga

Mailing Address 3704 E. Colorado Avenue

City State Zip Code
 Denver CO 80210

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEIU

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : C7071476

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

427.00

427.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City	State	Zip Code
NEW YORK	NY	10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070331

Amount of Each Receipt this Period

30.00

Transfer

Full Name (Last, First, Middle Initial)

B. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City	State	Zip Code
NEW YORK	NY	10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070332

Amount of Each Receipt this Period

2.00

Transfer

Full Name (Last, First, Middle Initial)

C. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City	State	Zip Code
NEW YORK	NY	10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070333

Amount of Each Receipt this Period

5488.02

Transfer

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5520.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City State Zip Code
 NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C7070334

Amount of Each Receipt this Period

8203.70

Transfer

Full Name (Last, First, Middle Initial)

B. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City State Zip Code
 NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C7070335

Amount of Each Receipt this Period

496.25

Transfer

Full Name (Last, First, Middle Initial)

C. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
 POLITICAL DEPARTMENT

City State Zip Code
 NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 12 2016

Transaction ID : C7070336

Amount of Each Receipt this Period

2472.04

Transfer

SUBTOTAL of Receipts This Page (optional)..... ►

11171.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 50

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
POLITICAL DEPARTMENT

City State Zip Code
NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070337

Amount of Each Receipt this Period

302.47

Transfer

Full Name (Last, First, Middle Initial)

B. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
POLITICAL DEPARTMENT

City State Zip Code
NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070338

Amount of Each Receipt this Period

3206.60

Transfer

Full Name (Last, First, Middle Initial)

C. Workers United for Political Power Campaign Comm.

Mailing Address 31 WEST 15TH STREET 3RD FLOOR
POLITICAL DEPARTMENT

City State Zip Code
NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C C00462044

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21159.68

Date of Receipt

01 / **12** / **2016**

Transaction ID : C7070339

Amount of Each Receipt this Period

958.60

Transfer

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4467.67

21159.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SEIU COPE (Service Employees International Union Committee On Political Education)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Civix Strategy Group

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	9		2	0	1	6		

Mailing Address 114 North Main Street
Ste 203

City Concord State NH Zip Code 03301

Purpose of Disbursement
Issue Advocacy Consulting Services

Candidate Name

Category/
Type**Transaction ID : D363104**

Amount of Each Disbursement this Period

58604.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Civix Strategy Group

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	9		2	0	1	6		

Mailing Address 114 North Main Street
Ste 203

City Concord State NH Zip Code 03301

Purpose of Disbursement
Issue Advocacy Consulting Services

Candidate Name

Category/
Type**Transaction ID : D363105**

Amount of Each Disbursement this Period

2220.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Civix Strategy Group

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	9		2	0	1	6		

Mailing Address 114 North Main Street
Ste 203

City Concord State NH Zip Code 03301

Purpose of Disbursement
Issue Advocacy Consulting Services

Candidate Name

Category/
Type**Transaction ID : D363106**

Amount of Each Disbursement this Period

55685.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

116509.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SEIU COPE (Service Employees International Union Committee On Political Education)

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '29'. The third display is labeled 'Y Y Y Y' and shows the year '2016'.

Category/
Type

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

63213.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Civix Strategy Group

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	9		2	0	1	6		

Mailing Address 114 North Main Street
Ste 203

City Concord State NH Zip Code 03301

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Category/
Type**Transaction ID : D363112**

Amount of Each Disbursement this Period

5075.37

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Feldman Strategies

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	4		2	0	1	6		

Mailing Address 3883 Connecticut Ave NW
Unit 112

City Washington State DC Zip Code 20008

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Category/
Type**Transaction ID : D362991**

Amount of Each Disbursement this Period

7000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Fuse

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	9		2	0	1	6		

Mailing Address 802 N. 1st Street

City St. Louis State MO Zip Code 63102

Purpose of Disbursement
Website Consulting Services

Candidate Name

Category/
Type**Transaction ID : D362969**

Amount of Each Disbursement this Period

130000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

142075.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SEIU COPE (Service Employees International Union Committee On Political Education)

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

10000.00

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

10000.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

27088.00

47088.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. M&R Strategic Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	1	6		

Mailing Address 1901 L St NW
Ste 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Category/
Type**Transaction ID : D362631**

Amount of Each Disbursement this Period

29043.10

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Precision Network LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	1	6		

Mailing Address 1140 Connecticut Ave NW
Ste 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Category/
Type**Transaction ID : D362869**

Amount of Each Disbursement this Period

68182.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Precision Network LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	1	6		

Mailing Address 1140 Connecticut Ave NW
Ste 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Digital Consulting Services

Candidate Name

Category/
Type**Transaction ID : D362870**

Amount of Each Disbursement this Period

74400.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

171625.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 50

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Reimbursement for Political Program Support Grants

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 28 2016
Transaction ID : D362988

Amount of Each Disbursement this Period

145833.27

Full Name (Last, First, Middle Initial)

B. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Reimbursement for Website and Software Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 15 2016
Transaction ID : D362794

Amount of Each Disbursement this Period

19674.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165507.27

1010937.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. ADAM SMITH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address P O Box 23626

City	State	Zip Code
Federal Way	WA	98093

Purpose of Disbursement
Contribution

Candidate Name

Adam Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 09

Transaction ID : D362987

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address PO BOX 2571

City	State	Zip Code
WILSON	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

G K BUTTERFIELD

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 01

Transaction ID : D362983

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address PO Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
Contribution

Candidate Name

Elijah Cummings

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 07

Transaction ID : D362985

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2016

Mailing Address 911 Central Avenue #221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Contribution

Candidate Name

Paul David Tonko

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 20

Transaction ID : D362788

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address P.O. BOX 1986

City	State	Zip Code
RALEIGH	NC	27602

Purpose of Disbursement
Contribution

Candidate Name

DAVID PRICE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 04

Transaction ID : D362984

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

17000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Friends of Janine Brown

Category/
Type

500.00

State: District:

B. Friends of Vincent Fort

Three digital displays are shown, each with a 7-segment display. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '21' with 'D' above the first segment and 'D' above the second segment. The third display shows '2016' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

Category/
Type

500.00

State: District:

C. Iowa Senate Majority Fund

Three 7-segment displays are shown, each with a different number. The first display shows '01', the second shows '07', and the third shows '2016'. Each display has a small 'M' or 'D' or 'Y' label above it, indicating the unit (Month, Day, Year).

Category/
Type

5000.00

State: District:

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Laundry Distribution & Food Service Joint Board

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address 18 Washington Pl., 2nd Floor

City	State	Zip Code
Newark	NJ	07102

Transaction ID : D362877Purpose of Disbursement
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

19761.17

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. SEIU Florida State Council

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address 14645 NW 77th Ave
Suite 201

City	State	Zip Code
Hialeah	FL	33014

Transaction ID : D362876Purpose of Disbursement
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

53500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. SEIU Florida State Council

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2016

Mailing Address 14645 NW 77th Ave
Suite 201

City	State	Zip Code
Hialeah	FL	33014

Transaction ID : D362793Purpose of Disbursement
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

65500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

138761.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. SEIU Florida State Council

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

Mailing Address 14645 NW 77th Ave
Suite 201

City Hialeah State FL Zip Code 33014

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type**Transaction ID : D362990**

Amount of Each Disbursement this Period

53500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SEIU Local 221

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address 4004 Kearny Mesa Rd

City San Diego State CA Zip Code 92111

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type**Transaction ID : D363152**

Amount of Each Disbursement this Period

19421.43

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Texas Organizing Project

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Mailing Address 2404 Caroline St

City Houston State TX Zip Code 77004

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type**Transaction ID : D363002**

Amount of Each Disbursement this Period

50000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

122921.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

Full Name (Last, First, Middle Initial)

A. Wisconsin State Council, SEIU

Mailing Address 2001 W Beltline Hwy Suite 201

City	State	Zip Code
Madison	WI	53713

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : D362630

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

287682.60

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UHE

Nature of Debt (Purpose):

Direct Mail Postage

Mailing Address 310 West 43rd Street

City State

New York

Zip Code

NY

10036

Outstanding Balance Beginning This Period

4688.18

Transaction ID : D318325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4688.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AL Media, LLC

Nature of Debt (Purpose):

TV Advertising Production

Mailing Address 222 W. Ontario St.

Suite 600

City State

Chicago

Zip Code

IL

60654

Outstanding Balance Beginning This Period

6750.00

Transaction ID : D299807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Beaconfire RedEngine

Nature of Debt (Purpose):

Digital Advertising

Mailing Address 2300 Clarendon Blvd, Suite 925

City

Arlington

State

VA

Zip Code

22201

Outstanding Balance Beginning This Period

12306.25

Transaction ID : D362271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12306.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

23744.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Berlin Rosen

Nature of Debt (Purpose):

Radio Advertising Production

Mailing Address 15 Maiden Lane #1600

City State

New York

Zip Code

NY

10038

Outstanding Balance Beginning This Period

2800.00

Transaction ID : D309812

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chambers Lopez Strategies

Nature of Debt (Purpose):

Online Advertising Buy, TV & Radio Ad
Production

Mailing Address PO Box 5539

City State

Arlington

Zip Code

VA

22205

Outstanding Balance Beginning This Period

36350.00

Transaction ID : D287106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36350.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elevation, Ltd.

Nature of Debt (Purpose):

Online Advertising Buy

Mailing Address 1027 33rd Street, NW
Suite 260

City

Washington

State

DC

Zip Code

20007

Outstanding Balance Beginning This Period

100040.00

Transaction ID : D289787

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100040.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

139190.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook AdvertisingNature of Debt (Purpose):
Digital Advertising

Mailing Address 15161 Collection Center Dr

City State

Chicago

Zip Code

IL

60693

Outstanding Balance Beginning This Period

11094.00

Transaction ID : D362847

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11094.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GoogleNature of Debt (Purpose):
Online Advertising Buy

Mailing Address 1600 Ampitheatre Parkway

City State

Mountain View

Zip Code

CA

94043

Outstanding Balance Beginning This Period

11528.38

Transaction ID : D287115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11528.38

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GPS ImpactNature of Debt (Purpose):
Digital Advertising

Mailing Address 100 E Grand Ave.

Suite 380

City

Des Moines

State

IA

Zip Code

50309

Outstanding Balance Beginning This Period

0.00

Transaction ID : D363246

Amount Incurred This Period

6635.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6635.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

29257.38

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Image Pointe

Nature of Debt (Purpose):

T-Shirts, Skullies & Stickers

Mailing Address 1224 La Porte Road

City State

Zip Code

Waterloo

IA

50702

Outstanding Balance Beginning This Period

41949.50

Transaction ID : D304068

Amount Incurred This Period

24556.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

66506.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mack/Crouse Group LLC

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 4900 Seminary Road Suite 1020

City State

Zip Code

Alexandria

VA

22311

Outstanding Balance Beginning This Period

4533.86

Transaction ID : D299810

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4533.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mass Uniting

Nature of Debt (Purpose):

Canvassing Services from 3/26-4/30 & 5/13-6/25

Mailing Address 150 Mt. Vernon St., 2nd Floor

City

State

Zip Code

Boston

MA

02125

Outstanding Balance Beginning This Period

33100.00

Transaction ID : D312556

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

104140.22

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mele Printing

Nature of Debt (Purpose):

Estimated Cost for Canvass Literature Printing

Mailing Address 619 N. Tyler Street

City State

Zip Code

Covington

LA

70433

Outstanding Balance Beginning This Period

3800.00

Transaction ID : D352706

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission Control Inc

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 114A Mansfield Hollow Road

City State

Zip Code

Mansfield Center

CT

06250

Outstanding Balance Beginning This Period

1776.40

Transaction ID : D297651

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1776.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Murphy Vogel Askew Reilly LLC

Nature of Debt (Purpose):

TV & Radio Advertising Production

Mailing Address 901 North Washington Street

Suite 400

City

State

Zip Code

Alexandria

VA

22314-1535

Outstanding Balance Beginning This Period

1593.75

Transaction ID : D299791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1593.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

7170.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 31 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NG Slater CorpNature of Debt (Purpose):
ButtonsMailing Address 42 W 38th St
Ste 1002City State Zip Code
New York NY 10018

Outstanding Balance Beginning This Period

0.00

Transaction ID : D363250

Amount Incurred This Period

18.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NGP VAN, Inc.Nature of Debt (Purpose):
Voter Outreach Telephone Calls

Mailing Address 48 Grove Street, Suite 202

City State Zip Code
Somerville MA 02144

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D304071

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pitney BowesNature of Debt (Purpose):
Direct Mail Postage

Mailing Address 1 Elmcroft Road

City State Zip Code
Stamford CT 06926

Outstanding Balance Beginning This Period

205.69

Transaction ID : D348408

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

205.69

1) **SUBTOTALS** This Period This Page (optional)..... ►

1724.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 32 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Rising Tide Interactive LLC

Nature of Debt (Purpose):

Digital Advertising Production

Mailing Address 1250 H Street, NW
Suite 400City State Zip Code
Washington DC 20015

Outstanding Balance Beginning This Period

3720.00

Transaction ID : D362848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Est. Payment for Salary & Benefits/Canvassing
Services/Posters

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

14849.75

Transaction ID : D274285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14849.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Stickers & Rally Signs

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : D363249

Amount Incurred This Period

903.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

903.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

19472.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 33 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 105

Nature of Debt (Purpose):

Estimate for Rally Expenses

Mailing Address 2525 W Alameda Ave
2nd FlCity State Zip Code
Denver CO 80219

Outstanding Balance Beginning This Period

5423.18

Transaction ID : D344307

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5423.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 1989 - Maine State Emp Assoc

Nature of Debt (Purpose):

Voter Outreach Calls

Mailing Address 65 State Street
P O Box 1072City State Zip Code
Augusta ME 04332

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D313877

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 521

Nature of Debt (Purpose):

Estimate for Rally Expenses

Mailing Address 4100 Empire Drive Suite 150

City State Zip Code
Bakersfield CA 93309

Outstanding Balance Beginning This Period

370.00

Transaction ID : D344308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

370.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10793.18

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU MA State Council

Nature of Debt (Purpose):

Direct Mail Printing

Mailing Address 145 Tremont Street
Suite 202City State Zip Code
Boston MA 02111

Outstanding Balance Beginning This Period

2975.33

Transaction ID : D318326

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2975.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spotset Radio Network

Nature of Debt (Purpose):

Radio Advertising Production

Mailing Address 44 N. Second Street
Suite 800City State Zip Code
Memphis TN 38103

Outstanding Balance Beginning This Period

2100.00

Transaction ID : D304146

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Standard Modern Company

Nature of Debt (Purpose):

Direct Mail

Mailing Address 47 Pleasant Street

City State Zip Code
Brockton MA 02301

Outstanding Balance Beginning This Period

114.35

Transaction ID : D348409

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

114.35

1) **SUBTOTALS** This Period This Page (optional)..... ►

5189.68

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 35 OF 50

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stones' PhonesNature of Debt (Purpose):
Voter Outreach Calls

Mailing Address 41-750 Rancho Las Palmas Drive

City State

Zip Code

Rancho Mirage

CA

92270

Outstanding Balance Beginning This Period

0.00

Transaction ID : D363248

Amount Incurred This Period

8019.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

8019.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pivot GroupNature of Debt (Purpose):
Direct Mail

Mailing Address 1720 I Street, NW Suite 550

City State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

0.00

Transaction ID : D363247

Amount Incurred This Period

9085.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

9085.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Waterfront StrategiesNature of Debt (Purpose):
TV & Radio Advertising Production/BuysMailing Address 1010 Wisconsin Avenue, NW
Suite 800

City

State

Zip Code

Washington

DC

20007

Outstanding Balance Beginning This Period

15037.22

Transaction ID : D297653

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15037.22

1) **SUBTOTALS** This Period This Page (optional)..... ►

32142.23

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

PAGE 36 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wisconsin Jobs Now

Nature of Debt (Purpose):

Radio Advertising Buy

Mailing Address PO BOX 511506

City State

Zip Code

Milwaukee

WI

53203

Outstanding Balance Beginning This Period

9075.00

Transaction ID : D304072

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9075.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

9075.00

2) **TOTALS** This Period (last page this line number only)..... ►

381899.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

381899.46

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2016	
Mailing Address 1224 La Porte Road		Amount 4134.51	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363140
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5774.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SEIU General Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount 330.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D362806
Purpose of Expenditure Estimated Cost: Stickers		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		7425.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 19 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 18 / 2016	
Mailing Address 1224 La Porte Road		Amount 1230.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363139
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5774.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee SEIU General Fund [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount 28.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D363141
Purpose of Expenditure Estimated Cost: Stickers		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5774.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Michael P. Fishman</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1224 La Porte Road		Amount 330.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363241
Purpose of Expenditure Estimated Cost: Stickers		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		7425.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1224 La Porte Road		Amount 840.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363244
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		3637.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Signature

Date

MM / DD / YYYY
02 / 19 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Mailing Address 1224 La Porte Road		Amount 2797.60	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363245
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 06 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		3637.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee NG Slater Corp [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
Mailing Address 42 W 38th St Ste 1002		Amount 18.75	
City New York	State NY	Zip Code 10018	Transaction ID : D363142
Purpose of Expenditure Estimated Cost: Buttons		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5774.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Michael P. Fishman</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 1224 La Porte Road		Amount 362.75	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363143
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		5774.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 1224 La Porte Road		Amount 3012.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363242
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		7425.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Date

MM / DD / YYYY
02 / 19 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016	
Mailing Address 1224 La Porte Road		Amount 3753.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D363243
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		7425.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1224 La Porte Road		Amount 1550.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362780
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Michael P. Fishman</i>		Date M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1224 La Porte Road		Amount 3110.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362781
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee SEIU General Fund [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016	
Mailing Address 1800 Massachusetts Ave NW		Amount 348.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D362782
Purpose of Expenditure Estimated Cost: Stickers		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Michael P. Fishman		Date M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2016	
		[Electronically Filed]	

Full Name of Payee SEIU General Fund [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 21 / 2016</div> </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div> <div>_____</div> <div>81.00</div> </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D362854 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>01 / 17 / 2016</div> </div>
Purpose of Expenditure Estimated Cost: Rally Signs		Category/ Type <div> <div>_____</div> <div>006</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>_____</div> <div>39324.27</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee The Pivot Group [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 9085.26	
City Washington	State DC	Zip Code 20006	Transaction ID : D362855 Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016
Purpose of Expenditure Direct Mail		Category/ Type 006	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 9085.26	
City Washington	State DC	Zip Code 20006	Transaction ID : D362856
Purpose of Expenditure Direct Mail	Category/ Type	006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought	501(c)(3) Charitable Contribution 501(c)(4) Political Organization 501(c)(6) Other (specify) _____ 501(c)(29) Other (specify) _____ 501(c)(30) Other (specify) _____ 501(c)(31) Other (specify) _____ 501(c)(32) Other (specify) _____ 501(c)(33) Other (specify) _____ 501(c)(34) Other (specify) _____ 501(c)(35) Other (specify) _____ 501(c)(36) Other (specify) _____ 501(c)(37) Other (specify) _____ 501(c)(38) Other (specify) _____ 501(c)(39) Other (specify) _____ 501(c)(40) Other (specify) _____ 501(c)(41) Other (specify) _____ 501(c)(42) Other (specify) _____ 501(c)(43) Other (specify) _____ 501(c)(44) Other (specify) _____ 501(c)(45) Other (specify) _____ 501(c)(46) Other (specify) _____ 501(c)(47) Other (specify) _____ 501(c)(48) Other (specify) _____ 501(c)(49) Other (specify) _____ 501(c)(50) Other (specify) _____ 501(c)(51) Other (specify) _____ 501(c)(52) Other (specify) _____ 501(c)(53) Other (specify) _____ 501(c)(54) Other (specify) _____ 501(c)(55) Other (specify) _____ 501(c)(56) Other (specify) _____ 501(c)(57) Other (specify) _____ 501(c)(58) Other (specify) _____ 501(c)(59) Other (specify) _____ 501(c)(60) Other (specify) _____ 501(c)(61) Other (specify) _____ 501(c)(62) Other (specify) _____ 501(c)(63) Other (specify) _____ 501(c)(64) Other (specify) _____ 501(c)(65) Other (specify) _____ 501(c)(66) Other (specify) _____ 501(c)(67) Other (specify) _____ 501(c)(68) Other (specify) _____ 501(c)(69) Other (specify) _____ 501(c)(70) Other (specify) _____ 501(c)(71) Other (specify) _____ 501(c)(72) Other (specify) _____ 501(c)(73) Other (specify) _____ 501(c)(74) Other (specify) _____ 501(c)(75) Other (specify) _____ 501(c)(76) Other (specify) _____ 501(c)(77) Other (specify) _____ 501(c)(78) Other (specify) _____ 501(c)(79) Other (specify) _____ 501(c)(80) Other (specify) _____ 501(c)(81) Other (specify) _____ 501(c)(82) Other (specify) _____ 501(c)(83) Other (specify) _____ 501(c)(84) Other (specify) _____ 501(c)(85) Other (specify) _____ 501(c)(86) Other (specify) _____ 501(c)(87) Other (specify) _____ 501(c)(88) Other (specify) _____ 501(c)(89) Other (specify) _____ 501(c)(90) Other (specify) _____ 501(c)(91) Other (specify) _____ 501(c)(92) Other (specify) _____ 501(c)(93) Other (specify) _____ 501(c)(94) Other (specify) _____ 501(c)(95) Other (specify) _____ 501(c)(96) Other (specify) _____ 501(c)(97) Other (specify) _____ 501(c)(98) Other (specify) _____ 501(c)(99) Other (specify) _____ 501(c)(100) Other (specify) _____ 501(c)(101) Other (specify) _____ 501(c)(102) Other (specify) _____ 501(c)(103) Other (specify) _____ 501(c)(104) Other (specify) _____ 501(c)(105) Other (specify) _____ 501(c)(106) Other (specify) _____ 501(c)(107) Other (specify) _____ 501(c)(108) Other (specify) _____ 501(c)(109) Other (specify) _____ 501(c)(110) Other (specify) _____ 501(c)(111) Other (specify) _____ 501(c)(112) Other (specify) _____ 501(c)(113) Other (specify) _____ 501(c)(114) Other (specify) _____ 501(c)(115) Other (specify) _____ 501(c)(116) Other (specify) _____ 501(c)(117) Other (specify) _____ 501(c)(118) Other (specify) _____ 501(c)(119) Other (specify) _____ 501(c)(120) Other (specify) _____ 501(c)(121) Other (specify) _____ 501(c)(122) Other (specify) _____ 501(c)(123) Other (specify) _____ 501(c)(124) Other (specify) _____ 501(c)(125) Other (specify) _____ 501(c)(126) Other (specify) _____ 501(c)(127) Other (specify) _____ 501(c)(128) Other (specify) _____ 501(c)(129) Other (specify) _____ 501(c)(130) Other (specify) _____ 501(c)(131) Other (specify) _____ 501(c)(132) Other (specify) _____ 501(c)(133) Other (specify) _____ 501(c)(134) Other (specify) _____ 501(c)(135) Other (specify) _____ 501(c)(136) Other (specify) _____ 501(c)(137) Other (specify) _____ 501(c)(138) Other (specify) _____ 501(c)(139) Other (specify) _____ 501(c)(140) Other (specify) _____ 501(c)(141) Other (specify) _____ 501(c)(142) Other (specify) _____ 501(c)(143) Other (specify) _____ 501(c)(144) Other (specify) _____ 501(c)(145) Other (specify) _____ 501(c)(146) Other (specify) _____ 501(c)(147) Other (specify) _____ 501(c)(148) Other (specify) _____ 501(c)(149) Other (specify) _____ 501(c)(150) Other (specify) _____ 501(c)(151) Other (specify) _____ 501(c)(152) Other (specify) _____ 501(c)(153) Other (specify) _____ 501(c)(154) Other (specify) _____ 501(c)(155) Other (specify) _____ 501(c)(156) Other (specify) _____ 501(c)(157) Other (specify) _____ 501(c)(158) Other (specify) _____ 501(c)(159) Other (specify) _____ 501(c)(160) Other (specify) _____ 501(c)(161) Other (specify) _____ 501(c)(162) Other (specify) _____ 501(c)(163) Other (specify) _____ 501(c)(164) Other (specify) _____ 501(c)(165) Other (specify) _____ 501(c)(166) Other (specify) _____ 501(c)(167) Other (specify) _____ 501(c)(168) Other (specify) _____ 501(c)(169) Other (specify) _____ 501(c)(170) Other (specify) _____ 501(c)(171) Other (specify) _____ 501(c)(172) Other (specify) _____ 501(c)(173) Other (specify) _____ 501(c)(174) Other (specify) _____ 501(c)(175) Other (specify) _____ 501(c)(176) Other (specify) _____ 501(c)(177) Other (specify) _____ 501(c)(178) Other (specify) _____ 501(c)(179) Other (specify) _____ 501(c)(180) Other (specify) _____ 501(c)(181) Other (specify) _____ 501(c)(182) Other (specify) _____ 501(c)(183) Other (specify) _____ 501(c)(184) Other (specify) _____ 501(c)(185) Other (specify) _____ 501(c)(186) Other (specify) _____ 501(c)(187) Other (specify) _____ 501(c)(188) Other (specify) _____ 501(c)(189) Other (specify) _____ 501(c)(190) Other (specify) _____ 501(c)(191) Other (specify) _____ 501(c)(192) Other (specify) _____ 501(c)(193) Other (specify) _____ 501(c)(194) Other (specify) _____ 501(c)(195) Other (specify) _____ 501(c)(196) Other (specify) _____ 501(c)(197) Other (specify) _____ 501(c)(198) Other (specify) _____ 501(c)(199) Other (specify) _____ 501(c)(200) Other (specify) _____ 501(c)(201) Other (specify) _____ 501(c)(202) Other (specify) _____ 501(c)(203) Other (specify) _____ 501(c)(204) Other (specify) _____ 501(c)(205) Other (specify) _____ 501(c)(206) Other (specify) _____ 501(c)(207) Other (specify) _____ 501(c)(208) Other (specify) _____ 501(c)(209) Other (specify) _____ 501(c)(210) Other (specify) _____ 501(c)(211) Other (specify) _____ 501(c)(212) Other (specify) _____ 501(c)(213) Other (specify) _____ 501(c)(214) Other (specify) _____ 501(c)(215) Other (specify) _____ 501(c)(216) Other (specify) _____ 501(c)(217) Other (specify) _____ 501(c)(218) Other (specify) _____ 501(c)(219) Other (specify) _____ 501(c)(220) Other (specify) _____ 501(c)(221) Other (specify) _____ 501(c)(222) Other (specify) _____ 501(c)(223) Other (specify) _____ 501(c)(224) Other (specify) _____ 501(c)(225) Other (specify) _____ 501(c)(226) Other (specify) _____ 501(c)(227) Other (specify) _____ 501(c)(228) Other (specify) _____ 501(c)(229) Other (specify) _____ 501(c)(230) Other (specify) _____ 501(c)(231) Other (specify) _____ 501(c)(232) Other (specify) _____ 501(c)(233) Other (specify) _____ 501(c)(234) Other (specify) _____ 501(c)(235) Other (specify) _____ 501(c		

Full Name of Payee GPS Impact [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 100 E Grand Ave. Suite 380		Amount 6635.00	
City Des Moines	State IA	Zip Code 50309	Transaction ID : D362862
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9085.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Stones' Phones [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 25 / 2016	
Mailing Address 41-750 Rancho Las Palmas Drive			Amount 957.13	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D362861	
Purpose of Expenditure Estimated Cost: Voter Outreach Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYYYY 01 / 25 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 39324.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Image Pointe [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 27 / 2016	
Mailing Address 1224 La Porte Road			Amount 650.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362904	
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYYYY 01 / 27 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 39324.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Michael P. Fishman</i>		Date MM / DD / YYYYYY 02 / 19 / 2016		
			[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1224 La Porte Road		Amount 680.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362905
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		39324.27	

Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 1224 La Porte Road		Amount 80.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362915
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		39324.27	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Date

MM / DD / YYYY
02 / 19 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Stones' Phones [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 41-750 Rancho Las Palmas Drive			Amount 595.42	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D362916	
Purpose of Expenditure Estimated Cost: Voter Outreach Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SEIU General Fund [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1800 Massachusetts Ave NW			Amount 116.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D362917	
Purpose of Expenditure Estimated Cost: Rally Signs		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2143.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Michael P. Fishman</i>		Date MM / DD / YYYY 02 / 19 / 2016		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)		FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee Stones' Phones [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 30 / 2016	
Mailing Address 41-750 Rancho Las Palmas Drive		Amount 6467.20	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D362920
Purpose of Expenditure Estimated Cost: Voter Outreach Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		39324.27	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Image Pointe [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1224 La Porte Road		Amount 767.00	
City Waterloo	State IA	Zip Code 50702	Transaction ID : D362918
Purpose of Expenditure Estimated Cost: Skullies		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2143.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Michael P. Fishman</i>		Date MM / DD / YYYY 02 / 19 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ C C00004036	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Image Pointe [MEMO ITEM]			Date of Public Distribution/Dissemination 01 / 29 / 2016	
Mailing Address 1224 La Porte Road			Amount 1260.00	
City Waterloo		State IA	Zip Code 50702	
Purpose of Expenditure Estimated Cost: T-shirts		Category/ Type	Transaction ID : D362919 Date of Disbursement or Obligation 01 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2143.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee			Date of Public Distribution/Dissemination / / 	
Mailing Address			Amount 	
City		State	Zip Code	
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation / / 	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 	
(c) TOTAL Independent Expenditures..... ▶			9085.26	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Michael P. Fishman</i>		[Electronically Filed]		Date 02 / 19 / 2016